

Case Number:	CM15-0204187		
Date Assigned:	10/21/2015	Date of Injury:	04/19/2001
Decision Date:	12/23/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old, male who sustained a work related injury on 4-19-01. A review of the medical records shows he is being treated for neck and lower back pain. In the progress notes dated 10-6-15, the injured worker reports an increase in neck pain. He has an increase in left shoulder pain with shooting pain and radiation to left elbow. He has bilateral leg pain and weakness. He has radicular anterior left leg pain to knee. On physical exam dated 10-6-15, he has left sacroiliac joint tenderness. Treatments have included 6 sessions of physical therapy, medications, TENS unit therapy, a lumbar epidural steroid injection- "relief for several months", participation in a functional restoration program and cervical spine surgery. Current medications include Ambien, clonazepam, cyclobenzaprine, Omeprazole, Tramadol, and Zorvolex. He is not working. The treatment plan includes a requests additional physical therapy and refills of medications. The Request for Authorization dated 10-8-15 has requests for Cyclobenzaprine, Zorvolex, Omeprazole, Ambien and Tramadol. Referral Order dated 10-6-15 has a request for 6 sessions of physical therapy for left S1 joint mobilization. In the Utilization Review dated 10-15, the requested treatment of Tramadol 50mg. #120 is modified to Tramadol 50mg. #108. The requested treatments of Cyclobenzaprine 7.5mg. #180, Ambien 5mg. #120, and additional physical therapy sessions x 6 for left S1 joint mobilization are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cyclobenzaprine 7.5mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS Guidelines recommend limiting the frequent use of muscle relaxants to 3 weeks or less. However, if they are significantly beneficial periodic short-term use of flare-ups is supported. Both the primary treating physician and QME physician document that the use of Cyclobenzaprine is episodic from 2-3 times a week for flare-ups and it is documented that it is quite helpful. From the records reviewed, confirmation of the limited use could not be ascertained from the amounts and frequency of prescription. Under these circumstances, which documented intermittent use, the Cyclobenzaprine 7.5mg. #180 is supported by Guidelines and is medically necessary. If future prescriptions do not support that use is intermittent this can be re-reviewed.

Ambien 5mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Insomnia Treatment.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue and the updated versions support the long-term use of certain hypnotic medications for insomnia associated with chronic pain. However, Ambien is not one of the recommended medication for long-term use with Guidelines recommending use be limited to a few weeks. There are no unusual circumstances to justify an exception to Guidelines and there are other alternatives that are supported by Guidelines. The Ambien 5mg. #120 is not medically necessary.

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids, criteria for use.

Decision rationale: MTUS Guidelines have very specific criteria to justify the long-term use of opioids for non-cancer pain. These standards include detailed documentation of the amount and duration of pain relief after use. They also include detailed documentation of the functional benefits as a result of opioid use. These Guideline-recommended details are not documented in relationship to prescribing this opioid on a long term basis. There are inadequate functional improvement measurements and the quantified benefits of pain relief are not documented. Under these circumstances, the Tramadol 50mg. #120 is not supported by Guidelines and is not medically necessary.

Additional physical therapy sessions for left S1 joint mobilization, quantity 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine.

Decision rationale: MTUS Guidelines consider from 8-10 sessions of supervised therapy as adequate for chronic musculoskeletal conditions. If manual therapy is being provided a trial of 6 sessions is recommended before additional treatment is recommended. It is documented that 6 sessions have been completed and there is no documentation of significant improvements in this patient's condition or functioning. A functional restoration program has been completed which would have educated this individual in appropriate activities and self-protective behaviors. The request for an additional physical therapy sessions for left S1 joint mobilization, quantity 6 is not supported by Guidelines and is not medically necessary.